PART B - FEE(S) TRANSMITTAL

520.36525CX2

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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 09/986,087 11/07/2001 Osamu Kawamac 520.36525CX2 4764

TITLE OF INVENTION: DATA TRANSMISSION METHOD FOR EMBEDDED DATA, DATA TRANSMITTING AND REPRODUCING APPARATUSES AND INFORMATION RECORDING MEDIUM THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$ 1400	\$300	\$0 11/21/2007	\$1 700 AWONDAFA #10#0 0082	12/06/2007 09986087
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS			
HOANG, THAI D		2616	370-535000	02 FC:1504	Mot	1440.00 OP 300.00 OP
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).		n of "Fee Address" (37	2. For printing on the patent front page, list Mattingly, Stanger,			
Crit 1.303). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		inge of Correspondence	(1) the names of up to 3 registered patent attorneys lalur & Brundidge, or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME /	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or tyr	ne)		
PLEASE NOTE: Un recordation as set for	iless an assignce is ident th in 37 CFR 3.11. Comp	ified below, no assignee oletion of this form is NO	data will appear on the part of the part o	atent. If an assignce is ic assignment.	dentified below, the docu	ment has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR COUNT	RY)	
Hitachi, Ltd.			Tokyo, Japan			
Please check the approp	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual XXI Corporati	on or other private group	entity Government
4a. The following fee(s)	are submitted:	41	o. Payment of Fec(s): (Plea	se first reapply any prev	iously paid issue fee sho	own above)
XX ssue Fee			A check is enclosed.			
Publication Fee (No small entity discount permitted)			XX Payment by credit card. Form PTO-2038 is attached.			
Advance Order -	# of Copies		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 0-1417 (enclose an extra copy of this form).			
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a. Applicant clain	ns SMALL ENTITY statu	is. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
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